

AMENDMENT TRANSMITTAL LETTER				Docket No. 32350-253509	
Application No. 10/551,025-Conf. #8264		Filing Date December 8, 2005		Examiner V. E. Kovalick	
				Art Unit 2629	

Applicant(s): Giraldo et al.

Invention: DISPLAY DEVICE HAVING A SPARKLING EFFECT AND METHOD FOR DRIVING THE SAME

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid		Number Extra Claims Present	Rate
Total Claims	10	- 20	=	0	x 50.00
Independent Claims	2	- 3	=	0	x 210.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☒ Large Entity ☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

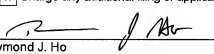
☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 22-0261 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


 Dated: July 8, 2008

Raymond J. Ho
Attorney/Agent Reg. No.: 41,838

VENABLE LLP
P.O. Box 34385
Washington, DC 20043-9998
(703) 760-1977

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2008		Application Number	10/551,025-Conf. #8264
		Filing Date	December 8, 2005
		First Named Inventor	Andrea Giraldo
		Examiner Name	V. E. Kovalick
		Art Unit	2629
		Attorney Docket No.	32350-253509
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 0.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES						
Fee Description	Fee (\$)	Small Entity Fee (\$)				
Each claim over 20 (including Reissues)	50	25				
Each independent claim over 3 (including Reissues)	210	105				
Multiple dependent claims	370	185				
<table style="width: 100%;"> <tr> <td style="width: 30%;"> Total Claims 0 - 20 = 0 x 50.00 = 0.00 </td> <td style="width: 30%;"> Multiple Dependent Claims Fee (\$): _____ Fee Paid (\$): _____ </td> </tr> <tr> <td> Indep. Claims 0 - 3 = 0 x 210.00 = 0.00 </td> <td></td> </tr> </table>			Total Claims 0 - 20 = 0 x 50.00 = 0.00	Multiple Dependent Claims Fee (\$): _____ Fee Paid (\$): _____	Indep. Claims 0 - 3 = 0 x 210.00 = 0.00	
Total Claims 0 - 20 = 0 x 50.00 = 0.00	Multiple Dependent Claims Fee (\$): _____ Fee Paid (\$): _____					
Indep. Claims 0 - 3 = 0 x 210.00 = 0.00						
HP = highest number of total claims paid for, if greater than 20. HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets _____ - 100 = _____	Extra Sheets _____ / 50 = _____	Number of each additional 50 or fraction thereof _____ (round up to a whole number) x _____ = _____	Fee (\$) _____
			Fee Paid (\$) _____
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge): _____			

SUBMITTED BY			
Signature 	Name (Print/Type) Raymond J. Ho	Registration No. (Attorney/Agent) 41,838	Telephone (703) 760-1977
		Date July 8, 2008	